

THE MEDICAL AND SURGICAL REPORTER.

No. 711.]

PHILADELPHIA, OCTOBER 15, 1870.

[Vol. XXIII.—No 16.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

INSTRUMENTAL DIAGNOSIS.

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Of Philadelphia.

(Continued from page 277.)

IX. LARYNGEAL ABSCESS.

Laryngeal abscess is a rare disease, and in most cases depends upon inflammation of the cartilages. The laryngoscope reveals it usually as a tense, shining, swollen condition of the mucous membrane, intensely red, and accompanied usually with severe symptoms, dyspnoea, aphonia, and dysphagia.

Dr. Marcet well describes a case of this sort occurring in his practice, that of a woman, æt. 20, who called upon him on the 7th of February, 1868. She had been suffering from hoarseness and loss of voice for the last four months, and now speaks in a whisper, which she considers due to sleeping in a damp bed; slight pain in the throat on the left side on swallowing, and feels as if there was something swollen there, interfering with the act of breathing. With the laryngoscope, the mucous membrane over the left arytenoid cartilage was very much swollen, occupying one-third of the breadth of the laryngeal opening; the swelling had the circumscribed and glistening appearance of an abscess. On the right side of the larynx the mucous membrane was red, the vocal cords had not their pale normal appearance; they were drawn toward each other, not moving at all freely in the act of respiration. A mixture containing iodide of potassium was prescribed; a solution of sulphate of iron to be injected into the larynx with Gibb's laryngeal syringe, and tincture of iodine applied every other day to

the throat. Six days later she suddenly felt as if something gave way in the throat, and on coughing brought up a mixture of matter and blood. The next day her voice returned, although weak; it gradually improved, and on the 28th of February was tolerably strong. The larynx was examined on that day; there was no swelling to be seen; the mucous membrane of the right epiglottidean fold and false cord were red and relaxed; no ulceration; she was seen again on the 5th of June. Up to the previous fortnight, or for about three months, her breathing had been quite free and voice good, but with slight hoarseness; since then, however, respiration had again become difficult. She complained to me of pain in the throat, and air could be heard seething through the contracted larynx.

A laryngoscopic examination showed the left vocal cord to be partly out of sight, apparently on account of its congested condition; the right cord was healthy; the mucous membrane over both arytenoid cartilages was much swollen, and a deep sulcus was visible between them; the vocal cords receded from each other imperfectly. A solution of nitrate of silver was applied to the larynx, and one of the sulphate of zinc, to be injected into the larynx with the laryngeal syringe. On auscultation of the chest, all over the left side in front, mucous rales were heard. On the right side, at apex, prolonged and bronchial expiration; shade of dullness and pain under that spot on percussion; small mucous rales lower down.

On the 8th June, the laryngeal tissues having increased in size, and being obviously an abscess, an ineffectual attempt was made to incise it with MacKenzie's laryngeal scarifice. The next day a trial was made to open the abscess, but the swelling was so soft that it constantly receded instead of being cut into, as the scarifice impressed upon it. The object

was accomplished, however, as shortly after the patient expectorated a large quantity of matter, and was thereby greatly relieved. The voice improved, but difficulty of breathing gradually increased, and on the 20th of July the laryngoscope showed the vocal cords to be in close approximation, leaving just room enough between them for air to pass; they remained fixed in that position, and firmly stretched. The power of the abductive muscles appeared all but lost, while that of the laxative could still be exerted to some extent, as she could speak in a fair voice; there was no inflammation in the larynx to account for this state of the cords. Her general health began to fail, and she lost flesh rapidly. The case got worse and worse, breathing more difficult, until the 4th of August, when tracheotomy was required. Afterward the patient improved, and on the 7th of October she left the hospital, with all difficulty of respiration removed and in satisfactory health.

C. INFLAMMATION OF THE LARYNGEAL CARTILAGES.

Inflammation may affect either the laryngeal cartilages or the perichondrium, or both at the same time.

X. PERICHONDRITIS.

Perichondritis may affect the perichondria of the arytenoid, cricoid or thyroid cartilages, and in point of frequency in the order in which those points are named. The disease may either begin in this membrane, or the inflammation may extend to it from the superjacent cellular tissue, as we see occurring in syphilis, phthisis, and typhus fever. •

Perichondritis is followed by suppuration, matter forms beneath the membrane in contact with the cartilage, the superficial layers of which lose their vitality, and are cast off along with the pus, when the latter escapes exteriorly. Perichondritis of the arytenoid has been observed in which the perichondrium has been anteriorly separated from the cartilagenous nodule within by the pus, forming a nucleus just like the seed in a dry hard-shell berry. Perichondritis of the cricoid and thyroid is much less common; the pus may form exteriorly or anteriorly, in the latter case giving rise to stenosis of the larynx, and forming a swelling beneath the mucous membrane that may be recognized with the laryngoscope. Türk mentions a case of this sort in a man thirty-four years of age, who had suffered for

eight or ten days with hoarseness, pain in the larynx, and dyspnoea. By means of the mirror he discovered that the left vocal cord was very much bent forward, immovable, with its edge reaching beyond the middle line, without inflammatory appearances, and of a normal color. So, also, the left Santorini and arytenoid cartilages were immovable, and their mucous membrane was swollen. The left laryngo-pharyngeal fossa was enlarged. The right vocal cord, as well as the movement of the right arytenoid cartilage were normal. The patient died the following night. The *post mortem* examination showed upon the left half of the cartilage an abscess as large as a hazel nut, which extended partly beneath the plate of the thyroid cartilage outward; partly into the sinus pyriformis; partly beneath the undermined left vocal cord, into the cavity of the larynx, and thus reduced this to a simple chink, extending from before backward. The left half of the cricoid cartilage was partly denuded of perichondrium, and upon a small spot in its posterior section it was rough and infiltrated with tubercles. There was also tuberculosis of the pleura.

XI. NECROSIS OF THE LARYNGEAL CARTILAGES.

Necrosis of the laryngeal cartilages is commonly the result of advanced form of ulceration depending upon syphilis, tuberculosis or typhus fever. It succeeds to perichondritis described in the previous section, and when formed upon the inner side of the larynx, the discharge of matter is often accompanied with masses of necrosed cartilage. If the necrosis forms exteriorly, abscesses form and the matter, after causing much irritation and distress, discharges through the skin, undermining and disorganizing the tissues in front of the neck, giving rise in some cases to aerial fistulae through which air escapes in respiration.

D. LARYNGEAL INFLAMMATION CONNECTED WITH ACUTE AND CHRONIC DISEASE.

Under this heading we propose to call attention to that form of laryngeal inflammation which is sometimes observed to connect itself with other diseases, as measles, small pox, scarlet fever, erysipelas, typhus fever, and the cachexia.

XII. LARYNGEAL INFLAMMATION ACCOMPANYING RUBEOLE.

According to Semeleder's statement, Stofella has examined in Prof. Hebra's ward

a number of variolous patients. He endeavored to decide "whether the disease occurred in the larynx in the form of flecks, as upon the skin, or as a more evenly diffused redness and swelling; in short, whether there was catarrh or an exanthem in the larynx." He always found an evenly diffused redness of the mucous membrane of the larynx, and upon the vocal cords only a yellowish or a reddish yellow coloring. But the patients were so sensitive to the irritation caused by the examination, that after a few minutes even an intense redness covered the vocal cords. The redness extended into the trachea, but never beyond the fourth ring, and it was at the same time evenly diffused, only once was there found a dark-red fleck about the size of a lentil upon the anterior wall of the trachea.

I have examined five or six rubeolous patients laryngoscopically, and found the same sensitiveness of the tissues during the inspection, but as far as I could see in the trachea the redness was marked. Two of the cases succumbed, and post-mortem examination revealed redness and inflammation running down from the larynx to the tracheal tubes, which were loaded with the frothy exudation of bronchitis.

XIII.—INFLAMMATION ACCOMPANYING VARIOLA.

In small-pox we also find in some cases laryngeal inflammation. I endeavored twice to inspect the throat in this disease, but unsatisfactorily; the patients were quite ill, the tongue and neck swollen so that I had to desist.

Dr. I. Newmann, as quoted by Semeleder, has given some attention to this point, and he tells us that variola in the air passages is not particularly distinguished either in its abundance or in its distribution from that of the mucous membrane of the mouth. It is well known that in consequence of the variolous process deep ulcerations occasionally occur, as the above named spots. One case is recalled which terminated fatally in this stage of efflorescence, in which the mucous membrane of the pharynx and of the trachea was completely deprived of its epithelium, and was covered with a layer of pus half a line in thickness, beneath which reddish-brown mucous membrane, swollen for the most part to the thickness of a line, was covered with the pits of variola. The excoriations extended into the bronchi, as far down as the divisions of the third grade, whilst the

mucous membrane of the finer branches appeared dark red and swollen.

XIV. INFLAMMATION ACCOMPANYING SCARLATINA.

Inflammatory complication of the larynx in scarlatina is much more common than in measles or small pox. In fact, in some cases it constitutes in connection with inflammation of other parts of the respiratory tract, the most prominent feature in the history of the disease, the skin remaining free from any exanthematous efflorescence. This variation in the relative amounts of cuticular and mucous alteration observed in different epidemics of scarlatina, is a notable fact in the pathology of the disease, and when the mucous membrane of the respiratory passages is the seat of an accompanying inflammatory process, we find ample evidences of it with the laryngoscopic mirror.

Those who are familiar with this disease need not be reminded of the intensely red, tender, and swollen condition of the membrane as far as the eye can reach, nor, of the difficulties thereby imposed upon the laryngoscopist in his endeavors to discern the alterations brought about in the larynx and trachea, only revealed by the mirror. This condition of the laryngeal mucous membrane presents itself in a diffused mucus, extending into the trachea as far as we can discern; the vocal cords are frequently of a roseate hue.

XV.—INFLAMMATION ACCOMPANYING ERYSIPELAS.

Both Semeleder and Lewin have encountered laryngeal inflammation accompanying certain cases of erysipelas. The former author found intense redness of the vocal cords on swelling of the arytenoid epiglottic folds and the posterior walls of the larynx, in a man upon whom he made a post-mortem. Semeleder examined the larynx in five cases, and in four discovered inflammatory redness and tumefaction on the epiglottis, and in the entrance to the larynx down to the vocal cords; there was no oppression of breathing, and no alteration in the voice. With the continued desquamation of the skin, the inflammatory appearances in the larynx also gradually vanished. In one of these cases a relapse of the erysipelas occurred, and so also of the catarrhal inflammation of the larynx.

XVI.—INFLAMMATION ACCOMPANYING TYPHUS.

In the course of typhus fever inflammatory

troubles of the larynx are common enough. In a paper published in Nos. 93 and 94 of the *Vierteljahrsschrift für die Praktische Heilkunde*, Dr. A. Wrany gives an account of 448 autopsies made at the Institute for Pathological Anatomy, in Prague. Fifteen cases are recorded as having died of typhus fever, and of these five presented ulcerations of the larynx. It occurs most often in the exanthematous forms of typhus, and more often and more severe in some epidemics than in others, in thus presenting an analogy with the laryngeal inflammation connected with scarlatina, the great debility of typhus often masks the manifestation of laryngeal diseases, as the low whispering or hoarse voice may be erroneously attributed to the general condition of the patient, when strength does not admit of that vigor of respiration essential to the emission of the normal voice.

The mirror reveals varying conditions, according to the degree, extent and character of the morbid process, which must often exist as a superficial inflammation of the larynx with œdema, and œdema of the vocal cords. In other cases the membrane is ulcerated particularly at the edge and part of the epiglottis, when the latter comes in contact with the arytenoid cartilages, upon the inner edge of these cartilages; and in the neighborhood of the insertion of the vocal cords into the vocal processes, the cords themselves sometimes present little patches of ulcerations. The inflammation may run into suppuration; the pus, mixed with more or less serum, being dispersed in the meshes, the sub-mucous cellular tissue, or, perhaps, collected into little abscesses. Exudative patches may also be encountered, especially upon the posterior walls of the larynx.

More serious than the preceding condition is perichondritis, which most often implicates typhus during convalescence. It is found affecting the cricoid with greater frequency than the other cartilages, leading to the formation of pus, which, surrounding the cartilages, induces its disintegration and necrosis, pieces of it being often expelled exteriorly with the discharged matter. Perichondritis and necrosis of the cartilages also occur from the extension of the ulcerative process in the mucous membrane to the perichondrium. This condition is often attended with a general œdematous state of the mucous and submucous cellular tissue, threatening to extinguish life by dyspnea, and requiring treacheotomy to avert a fatal termination.

TREATMENT OF PHTHISIS.

BY STILES KENNEDY, M. D.,
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I have read with much satisfaction the report of Dr. W. Minor Logan, on the above subject, to the Cincinnati Academy of Medicine. It shows thorough research and practical knowledge of what he writes. And just here let me say, that of all the discussions and papers of medical societies that reach me, none are more interesting or useful to me as a practitioner than those that emanate from the Academy spoken of. I do not intend to speak of the pathology of phthisis as set forth by Dr. Logan, for bad, indifferent, and even injurious plans of treatment, have always an escort of plausible theoretical pathology. The table of cases treated by Dr. Logan is worth more to the profession than all the theories that have ever been written: that is tangible and demonstrative; the other is a beautiful system of guess-work. The plan of treatment recommended by Dr. Logan is strikingly similar to one I have been in the habit of using for some time. The two plans, I judge, have been in use about the same time. His has probably been used in a larger number of cases, while either has been successful.

His treatment is simply this: thirty or forty drops tincture of the chloride of iron in a wine-glass of water half hour before eating, and the same quantity of dilute nitric acid of the pharmacopia in a wine-glass of water just after eating. The application of tincture of iodine two or three times a day as a counter-irritant, ext. hyoscyamus at night to promote sleep, if necessary, and syrup lactucarium, syrup prunus Virginianus as expectorants.

Under this treatment, of fourteen cases eight recovered, two are recovering, one of them had infiltrated tubercle diffused throughout the entire upper lobe of left lung, cavernous respiration and pectoriloquy at apex of left lung; the other one had considerable flattening of thoracic wall, with dullness and other signs of tubercular deposit at the apex of the right lung, and the same, but less marked, in left lung. These cases had been under treatment seven and four months respectively.

One case is marked "favorable" after two months' treatment, whose physical condition was described by amphoric resonance, with cavernous respiration and pectoriloquy in the upper lobe of the right lung, dullness

over the entire left lung, with mucous rale and egophony over its superior lobe.

One case that had considerable deposit at apex of both lungs, after five months' treatment is marked "stationary." Two died; one after thirteen days' treatment, the other after six weeks' treatment. I will now detail my own plan, and then give my reasons for preferring it:

In an ordinary case I would give twenty-five or thirty drops tincture of chloride of iron in one tablespoonful of the liquor amoniac acetatis, previously acidulated by the addition of a few drops of acetic acid, half hour before meals, and ten to fifteen drops dilute nitric acid, in the same quantity of water, every two, three or four hours, according to the urgency of the cough.

As a local application to the chest, where there is much internal irritation, I use oil of turpentine; a piece of heavy cotton-cloth is wet in this, and applied next the skin over the seat of pain, and well covered to prevent evaporation; this is applied night and morning. After the worst of the irritation has subsided, I paint the chest with tinct. iodine daily. The medicines are always directed to be taken through a glass-tube. To those who are familiar with the writings of Dr. Basham, I need not say that I am indebted to him for this mode of administering the tinct. of iron, and to those who have, like myself, occasionally watched patients, month in and month out, taking the tincture in pure water with very little if any benefit, let me say, try Basham's mode, and you will be delighted.

In quite a number of cases the tincture of iron in pure water is not assimilated. It was in other diseases than phthisis that my attention was often brought to this fact, and many of my professional brethren have told me the same thing. After trying the tincture and failing, I would use Vallet's mass, then the iron by hydrogen, and the citrate, and so on, all to no purpose. It has not been two months since a very intelligent lady sent for me to see her. She was pale, weak, and anæmic, and thin of flesh. She met me by saying, "I want to put myself under your treatment, and I only stipulate against iron. I have taken iron tincture, iron pills, and iron powders until I am nearly ironed out, and no more of it will I take."

In all this class of cases, in phthisis as well as other diseases, I have found the tincture of iron given in the liq. am. acet. previously

acidulated by the ac. acet. forming the *amonio chloride of iron* in solution, to act speedily and efficiently. The solution of amonia must be acidulated, however, or an insoluble chloride is formed, which is no more advantageous to the patient than the pure tincture. My reasons for giving the nitric acid in smaller doses than Dr. Logan, and repeating oftener, may be made apparent from the following cases, taken from six of the kind that I find in my case book this morning:

August 15, 1870.—M. C., a young woman æt. 19; married six months; was perfectly healthy when married; has now a constant cough of more than three months' standing; spits up thick, yellow mucus, sometimes blood; sometimes slight hemorrhages; has a great deal of pain in both sides; cannot sleep at night for her cough; appetite changeable; bowels always constipated; night sweats; monthly sickness missed four weeks; on percussion, dullness is found over front and top of both lungs; inspiration short and quick; expiration almost inaudible behind; pulse, 90; tongue white, thick fur behind.

R. Tr. ferri chl., gtt. xxv.

S.—In sweetened water, half hour before meals.

R. Dil. nitric acid, gtt. xxv.

S.—In two or three tablespoonfuls of water after meals.

August 20.—Patient informs me that she cannot take the white medicine (nitric acid dil.), "it makes her sick and feel queer all over." I then reduced the dose one-half, and in a few days she came to say that it still produced very unpleasant sensations and sickness. I then directed ten drops in water every three hours. A month has passed, the patient is improving, and I have no further complaint.

L. S.—This is a boy that I am treating for diabetes. Other things having failed, I concluded to try this same treatment, with the hope of producing some effect through his digestive apparatus; but I find that on July 14 he comes to me saying that the "white medicine makes him sick." He was only taking 20 gtt. in a wine-glass of water sweetened. Is 14 years old, and up to this time had taken full doses of all other medicines given. I reduced the dose and increased the frequency of taking it, and had no further trouble.

Mrs. R. M., æt. 23; thin, delicate; dress-maker; one child 18 months. Has had a troublesome cough for six months, so much so

that she cannot sleep at night, nor work with any satisfaction during the day; in fact, she has become so weak that she has almost given up work; spits up a good deal of thick, yellow mucus; has a great deal of pain in left side—uses mustard plasters every day or two; dullness on percussion over upper part of both lungs; crepitation behind in left lung, and just slightly in right one; appetite good, bowels regular. Gave tinct. and dil. nit. acid, as recommended by Dr. Logan. I visited her on 3d day; she said "the white drops made her sick and feel so curious in her limbs that she was afraid of them." I then changed the directions, giving the nit. ac. dil. 15 gtt. every second hour. The patient has improved rapidly. At the end of 30 days she was not troubled at night, and very little during the day by her cough; no crepitation in either lung.

Several other cases could be cited, going to prove just what the above cases partially do—that the small doses, frequently repeated, have the great advantage over larger doses in not producing nausea or any unpleasant sensations whatever; but the small doses have another and greater advantage—they subdue more promptly the cough. In the first fifteen days of the treatment, I think, there is an advantage of fifty per cent. in favor of the small doses, and this percentage is kept up with a gradual diminishing until the end of the 8th or 10th week, when, probably, the cases stand in about the same general condition. Perhaps I had better explain this now, so as to prevent any possible injury to the therapeutics indicated.

I find it an invariable rule that as the cough gets better and other symptoms yield, that the patient increases the length of time between doses. If he does not do so of his own accord he is sure to ask permission, and, as he is better in every way, there is not so much reason for continuing the frequency, and he is directed to do so.

Instance the last case: R. M.; her cough was very troublesome at night; she could not sleep, therefore she would get up and take her medicine every second hour; as her cough got better she slept more, and, consequently, she would not wake up as often, so she took it every four hours, and as she improved she would only wake up and take it once, and finally not at all at night. The same may be said of the day treatment, as she improved, the frequency of the potions was diminished; so during the long days, she was taking a dose

after each meal and once between meals; finally, she was directed to take her medicine after each meal only, and to increase the dose one drop each day for ten days, if she could bear it.

From the above cause alone the patient who takes the large dose persistently and the patient who takes the small dose, gradually extending the time between them, at the end of two months stand at about the same point; but in the early treatment the advantage is vastly in favor of the latter plan.

The subject of counter-irritants and counter-irritation in phthisis is of very great importance and interest. If I had the ability, there is neither time nor space here to handle it as its merits deserve. I must be content, therefore, to place my experience on record as being decidedly in favor of the external application of the oil of turpentine as being probably the most useful of that class of remedies.

For many centuries the products of the genus *pinus*, of Linnæus, have been held in more or less repute for their supposed virtues in healing diseases of the lungs. Indeed, at some particular times this plant seems to have been looked upon as containing the universal panacea which was to wipe out disease from human flesh. While we recognize now that the great reputation of Bishop Berkely tar water was due more to error than to truth, yet this generation is very far from being doubtful of the many medical virtues of the pine and its products. This is evinced by the necessity of many new pharmaceutical preparations—the syrups, wines and cordials of tar, and the many modifications of the old pitch plaster, to say nothing of various vapors. According to my observation there is a very large number of medical men in this country who habitually use some form of tar, pitch, or turpentine in the treatment of their phthisical cases. Besides, the oil of turpentine has long been known to act beneficially upon ulcerated and diseased mucous membranes; this is one of its chief therapeutic properties. When the oil is applied as a rubefacient, a certain portion is necessarily absorbed, and from that portion we may expect additional advantages to the lungs and bronchial membranes which we would not receive by any other local remedy. In that expectation my experience teaches me we are not disappointed.

As before intimated, when the local symptoms have been subdued, or where none have existed, or where circumstances—as the unpleasant odor—forbid the use of turpentine, I use the tincture of iodine as a counter-irritant, and, no doubt, by its absorption a beneficial effect is produced upon the lung tissue, bronchial tubes, and general system.

There are some other points in the treatment of phthisis which I wish merely to touch upon. In the first place, the dilute muriatic acid of the pharmacopœia, given in the same quantity and with the same frequency, as has been here recommended for the administration of the dilute nitric acid, will in the majority of cases, probably, be just as efficacious as that acid, and in many cases it will be even better.

The reputation of muriatic acid as a remedy in this disease is by no means of recent origin; and in some of the chronic dyspepsias it stood at the head of the list of medicines in use for that disease. In fact, it was while I was using this acid in a phthisical patient, who also had dyspepsia, and who revolted against the medicine, that I concluded to try the nitric acid, the only object in view being to relieve the dyspepsia; but failing to leave explicit directions about taking it three times a day, or from being misunderstood, he went on taking it as he had the muriatic acid, every third hour. About the same time, I gave another patient the nitric acid *by mistake*, with my usual directions for the dil. mur. acid; both patients improved rapidly, and I never told any thing about the mistakes, but have taken good care to reap the benefit resulting from them.

As a general rule, I may say, that in the coughs usually found hanging around phthisical families, the muriatic acid will prove more beneficial, while in acquired phthisis, with a tendency to diarrhœa, the nitric acid will be of more service. But the condition of the digestive function should have important bearing in the selection of either the one or the other acid, a subject I have not time even to touch upon here.

Very often, or at least occasionally, we find patients with this disease who suffer terrible pains other than those of the chest, particularly through the limbs, requiring constantly increased doses of the opiates, these in turn are apt to produce other evils.

Several years since I was requested, by a

medical gentleman of Georgia, an opinion as to the cause of these pains, and the remedy I would use; his wife being the patient immediately in view, I gave this answer: That I presumed the pains to have a two-fold origin. 1st. An impoverished blood could not furnish nerve food; the nerve tissue was crying out against the process of starvation; and 2d. The adipose matter covering and cushioning the muscles, tendons and other organs, having been absorbed, left these organs to produce an undue mechanical pressure upon the nerves themselves; hence the pains. I advised a 2 gr. pill of quinine every third hour—missing one during the night if the patient was sleeping; her appetite soon returned; her digestive powers increased, so that in a little while arsenic and iron were added to the treatment, and she lived for more than a year in comfort.

Since that time I have watched cases of this kind with more care, and, instead of arsenic and iron, I now use iodoform, 2 gr., repeated from three to six times a day, and after a while iron is added. I have found this treatment to act beautifully, robbing these cases of most of their desperation; for here the iodoform stops the pain in a few days, sometimes at once, while, at the same time, it is regenerating the system. In fact, when the digestive function is not entirely deranged, I know of no more valuable adjunct in the whole list of remedies for the treatment of phthisis than iodoform.

COMPOUND COMMINUTED FRACTURE OF THE SKULL—REMOVAL AND ELEVATION OF BONE— RECOVERY, ETC.

By WM. P. RODEFER, M. D.,

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(Late Surgeon Q. M. D., U. S. A.,)

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In looking over the records of the numerous surgical cases that are to be found in the various medical periodicals of the present day, the careful observer cannot fail to notice the comparative infrequency with which the reports of cases of fracture of the different portions of the skull occur. Whether the cause of this infrequency lies chiefly in the rare occurrence of this accident in comparison with accidents in other portions of the body, whereby we are deprived in a great degree of opportunities for observation; or whether from a careless neglect on the

part of medical men to give the records of their experience in the conduct of such cases to the profession, the result is the same; and hence, in looking into our literature as it comes from the medical press of the period, we discover a great lack of interesting and instructive facts bearing on the subject of fractures of the cranium, which, be it recorded to the honor of the medical profession, we cannot have written truthfully of any other subject of equal importance with the one which we propose to consider. In order that it may not be said of the writer that he, too, failed to do his duty in adding his mite to the records of this accident, the following history is herewith committed to the hands of the profession:

On the afternoon of the second day of February, A. D., 186-, I was met by a messenger at the foot of "Bay's Mountain," with the urgent request from my lamented friend, the late Dr. John P. Mathis, of Strawberry Plains, Tennessee, that I would meet him in consultation, at the earliest practicable moment, at the residence of A. J. C., Esq., of the adjoining county of Sevier, in the case of a young lad who had that day received a severe injury to the skull—and to come prepared with the necessary instruments to perform an operation. The day being far advanced toward evening, and still having several very important cases of my own to visit before I should be able to return to my home and procure the instruments, the messenger was instructed to say to Dr. Mathis that I would meet him on the following morning at eleven o'clock, and that his request should be complied with in every particular.

On reaching the house of Esq. C., on the third of February, at the designated hour, I found Willie C., a sprightly looking boy, apparently about thirteen years of age, lying on his bed in a state of partial stupor, with an extensive and very ugly wound of the scalp, situated over the posterior and superior portion of the left parietal bone, near the junction of the latter with the occipital bone and its fellow of the opposite side.

The patient was a boy of delicate organization, but of excellent general health, and possessed of good physical vigor. On introducing the index finger into the wound of the scalp, there was found in the bone beneath a large triangular opening of about two inches in length and one and a half inches in breadth, at its widest part—its apex being directed to-

ward the superior angle of the occipital bone, and its base toward the middle of the articulation of the left parietal with the frontal bone. The larger portion of the broken bone had been driven inward by the force of the blow on the brain, but was still adherent at its base to the main portion of the bone; several smaller fragments were entirely detached from the surrounding parts, and a few of them forced into the substance of the brain. The little patient evinced in some degree the symptoms of compression of the brain; the pupils were somewhat dilated and insensible to light; there was incomplete paralysis of the right leg and arm, and the pulse was slow and laboring. Insensibility, however, had not taken place, although it was thought by Dr. Mathis to have gradually come on to some extent since morning, at least to a marked increase of stupor.

The history of the accident, as it was obtained from the lad, was as follows, the facts having been stated by him to his parents immediately after the receipt of the injury: On the morning of the second of February, there being a considerable fall of snow on the ground, the boy had been sent out with a horse attached to a sled to drag some pine wood from a steep place on the side of the mountain. In making his second trip to the house, the horse, from some cause, became unruly, and, being naturally of a vicious disposition, he threw the lad from his back and gave him a severe kick on his head, causing the extensive and serious compound fracture of the skull which has been described.

After a full and free interchange of opinions between Dr. Mathis, Dr. Alexander Caldwell, a practitioner residing in the neighborhood, whom Dr. M. had courteously invited to join us in the consultation, and myself, it was determined to make an effort, after first removing all the detached pieces of bone, to raise the depressed fragment by means of the elevator, and if this attempt should fail, to apply the trephine partly on the depressed piece and partly on the sound bone adjoining it. As the parts around the wound were exceedingly tender and intolerant of manipulation, owing, as I conceived, to the length of time that had elapsed since the accident, it was considered prudent to subject the patient to the partial influence of an anæsthetic agent.

At the request of Dr. Mathis, I proceeded to place the lad on a dining table, with the

head well elevated, and, after thoroughly removing the hair, to bring him under the influence of chloroform, so as to blunt the sensibility. A free incision was then made, so as to give me an abundance of room, through the soft parts down to the bone, on either side of the wound, and on a line perpendicular to this, so as to form a sort of crucial incision. The flaps were then turned back from the bone, and the elevator applied firmly under the angular portion of the depressed fragment, when strong efforts were made to elevate it. These having failed from some cause which I did not at the moment appreciate, I was on the eve of proceeding to apply the trephine, when the thought occurred to me to attempt elevation with a strong sequestrum forceps which were in my case before me. Acting on this idea, I proceeded to apply one blade of the forceps to the under surface of the bone, and with the other to grasp it firmly, when, drawing the fragment strongly toward me, and using my finger as a fulcrum, I succeeded in raising the bone, and bringing it to its normal position. An artery of considerable size, a branch of the posterior temporal, I presume, was wounded; but the bleeding was promptly arrested by the application of the persulphate of iron on the end of the finger, which was kept to the orifice of the bleeding vessel for several minutes. The hemorrhage having ceased, the flaps were brought together accurately, and retained in position by means of silver-wire sutures, a few light adhesive strips being employed. A compress wet with cold water was placed over these, and a bandage applied to retain all in position. The patient was placed in bed in a dark room, and after a refreshing sleep of more than two hours' duration he roused up and called for both water and food.

Directions were given to exclude all company from the room with the exception of a single nurse; to observe the utmost quietude both in and around the house, and allow only a moderate quantity of light, nutritious food, such as rice and milk. The tongue being somewhat furred and the bowels inactive, there was given a full purgative dose of calomel, ipecac, and colocynth, and a small quantity of morphia was ordered at bedtime, if there should be much pain or restlessness. Cold water was to be kept constantly applied to the head by means of wet cloths frequently changed, and the room to be darkened and comfortable.

At the urgent request of the attending physician and the parents of the boy, I agreed to return to see the case on the morning of the 6th of February. At this visit the case was found to be doing remarkably well in every respect, there being no evidences of any disturbance whatever, either of a local or general character. Sensibility was completely restored, the pupils responding promptly to the influence of light, and the pulse was scarcely altered from a normal standard. I learned from Dr. Caldwell, who was requested by Dr. Mathis, on account of his proximity to the residence of Esq. C., to visit the patient every day, that the purgative and the morphia had acted kindly and efficiently, and further, that no medicine whatever had been given since, except a little morphia, which was ordered every night at bedtime, *at my request*. The wound of the scalp presented a healthy appearance, and the sutures were allowed to remain for a few days longer. The former treatment was continued, and directions were left to put the patient on the use of the tincture of aconite and veratrum viride, immediately on the occurrence of the symptoms of inflammatory action about the brain.

The patient was seen by me again on the evening of the fifth day from my last visit, when his condition was found to be still highly favorable. There had been some appearance of the symptoms of inflammation since I was last with the patient; but this had disappeared promptly on the administration of a few doses of the aconite and veratrum viride; and not a single untoward symptom had since been observed. The sutures had all been removed from the wound of the scalp, and the parts were in a healthy granulating condition, and tending rapidly toward a cure. No change was considered to be necessary in the treatment, and the case was allowed to go on as heretofore—a little simple cerate being now used as a dressing to the wound, since the adhesive strips had been removed. Considering it wholly unnecessary for me to give any further attention to the case, I so informed the family, and with their consent, resigned it to the sole care of Dr. Mathis, to whom I am indebted for the completion of its history.

The little patient continued to do well from the time I ceased to visit him until the case was discharged. On the eighteenth day from the occurrence of the accident, a small piece of bone about the size of a split pea was dis-

charged from the wound, after which the parts closed up in a short time, leaving only a large scar, with a considerable depression at the point where the broken and detached-fragments of bone had been removed. The patient was seen by Dr. M. on but two occasions after the closing up of the wound, the general condition seeming to warrant the discharge of the case. The intellectual faculties were all in a perfectly normal state, no alteration whatever having been observed; the appetite was very good and the physical vigor rapidly returning; the sleep was quiet and refreshing; the functions of all the organs were entirely normal, and no evidence whatever of diseased action could be found to exist. The father of the lad has since informed the writer that no change of any sort has ever been discovered in the mind of his son, and that his growth has been in nowise retarded by the accident, but, on the other hand, that his weight and strength, as well as his powers of endurance, have greatly increased since recovery took place. The result of the case may therefore be properly termed a complete success.

The administration of morphia in this case was followed by such happy results, always inducing sleep, allaying pain, and quieting the mind, as to remove the groundless apprehension, as I consider it to be, of numerous writers and teachers in the profession, on account of the alleged tendency of the remedy to produce cerebral congestion, thereby increasing the liability to the supervention of inflammation. I am by no means willing to admit that the judicious administration of morphia is so conducive to the production of congestion of the brain, as it is frequently asserted to be; but even granting that it is, the congestion cannot be otherwise than of a simple, passive kind, and, therefore, comparatively harmless and far less injurious, it seems to me, than a long night of restless tossing, with its throbbing heart and tortured mind, and its thousand untold agonies and unuttered prayers for the morning to come with its welcome dawn. My experience in the use of the remedy in this condition which I have mentioned, has been by no means inconsiderable, and I am thoroughly convinced of the judiciousness of thus giving rest to the brain by subduing the action of the heart, and thereby preventing so large a flow of blood to the injured part. There is no other remedy, unless it be the chloral hydrate, which, at that time, was unknown, with which we can accomplish so much.

HYPODERMIC MEDICATION.

By JOHN C. PEARSON, M. D.,

Of Ursa, Illinois.

It is a matter of very great surprise to me to see that some of the members of the medical profession entertain a prejudice averse to the employment of subcutaneous medication. And to account for it, I have sometimes thought that it is the result of a lack of a little experience in the use of the hypodermic syringe. Subcutaneous medication, when judiciously used, is just as safe as medication per os, per anum, or per any other way, and is much more rapid, constant and efficient in its effects, and is doubtless destined to be much more extensively resorted to as a means of combating many of the diseases to which the human system is amenable. It not only relieves pain, but it sometimes cures, and cures radically and permanently—nay, it frequently does so.

A physician a short time since gave me his prescription for cholera morbus, consisting in the proper proportions of chloroform, laudanum, sweet spirits nitre. I responded by saying that I had tried it and found it was slow, uncertain and unsatisfactory, and in efficiency, not to be compared to the injection hypodermically of a solution of morphia sulph., $\frac{1}{4}$ gr., atropia sulph., 1-30 gr. And as an example of what subcutaneous medication will effect in cholera morbus, I related to him the following case:

Was sent for in a great hurry to see August B., a German, æt. 30, who, the messenger said, was in a dying condition. Upon my arrival, found him with violent and excruciatingly painful cramps in the arms, legs and abdomen, and vomiting almost incessantly a greenish yellow matter, and voiding from his bowels very frequently and copious discharges of a rice water character. His eyes were sunk in their sockets, and his extremities cold, while upon his face there stood a cold, clammy sweat. His countenance had that sunken and pinched appearance so characteristic of collapse.

My prescription for the case was a solution of morphia sulph. $\frac{1}{4}$ gr., atropia sulph. 1-30 gr., injected under the skin in the arm. In less than five minutes he said he was beginning to feel so much better; and by the lapse of half an hour the vomiting, purging, and painful cramps had ceased, his facial expression had become more natural, and he was disposed to

be perfectly quiet, and to sleep. I then prepared an astringent anodyne remedy to be taken, provided there was a return of the purging, and left. On my return the next day I found him convalescing, and he informed me that he had to take only one dose of the medicine I had left on the day before.

This is only one example of many that I could adduce to show the great efficiency of subcutaneous medication in cholera morbus; and this example is a somewhat note-worthy one, as it was a case of cholera morbus so nearly resembling one of genuine Asiatic cholera, that had the latter been prevailing to any extent, the former would have been classed as a case of it.

It cannot be claimed for hypodermic medication that it always cures, for sometimes it does not; but when it fails to cure radically, it always gives quick relief, and that its effects upon morbid states are different from those produced by the same remedial agents when given per os, there is no doubt; and the day will soon come when hypodermic materia medica will comprise a much longer list of remedies than it does at present.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

September 12, 1870.

Clinic of J. E. GARRETSON, M. D., Lecturer on Surgical Diseases of the Mouth, Etc.

(REPORTED BY DE FOREST WILLARD M. D.)

Angionoma.

GENTLEMEN: I have to present to you this morning two patients, both infants, who will well illustrate almost the two extremes of a class of tumors known as vascular or erectile growths, or, as often called, *nævi*.

Upon the cheek of the first you will notice a small, dark spot, scarcely distinguishable, yet sufficient to attract the eye of the anxious patient. It is a "mother's mark," and is an insignificant, harmless, little tumor, requiring but a simple operation. The other, a colored babe, æt. 6 months, has, as you perceive, a tumor upon the cheek in the neighborhood of the angle of the jaw, and extending into the parotid region, of the size of a small orange, which, as you will soon discover by the history, is a grave and serious lesion, requiring an operation of such magnitude as to place the life of this child in jeopardy.

The mother informs me that this was discovered soon after birth, but was then of small size; that it has

been steadily growing, and that for the last few weeks it has increased with such alarming rapidity that she has been sent to us from the country to ascertain whether there be any hope of operative relief, for she fully understands that the child must die, either from rupture or ulceration of this mass, with its consequent hemorrhage, unless it can be removed.

You will see that this tumor is soft and elastic; that it pulsates strongly, synchronously with ventricular systole; that its size can be diminished by steady pressure, and that it enlarges whenever the child makes any violent exertion, as in crying, coughing, etc. It is, therefore, an erectile growth—a congeries of dilated blood-vessels; tortuous arterioles and capillaries, bound together by subcutaneous connective tissue; it is a vascular tumor, and belongs to the same class as the *nævi*.

The color of these vascular growths depends upon the excess in their composition of either the arterial, venous or capillary element, and this color does not gradually fade out into the surrounding tissues, but is abrupt in its definition, owing to the fact that the tumors are usually supplied by one or two large blood vessels, while their vascular connection with adjacent parts is but moderate, and the smaller *nævi* are evidently but a hypertrophy of the radicles of these principal vessels.

In the tumor before us we have one which is largely arterial. It is what is often called an "aneurism by anastomosis," but it is not, properly speaking, an aneurism, but is an enlargement of the terminal branches of these vessels of supply, and is in fact an exaggerated *nævus*, its variation being in degree, not in kind. The same remark will hold good in regard to the venous tumors so often found, which differ only in having an excess of venous dilatation. They may differ widely in degree, but they all belong to one genus,—they are vascular, "bloody" tumors.

For the relief of such a lesion as this, a cutting off of the source of supply would at once suggest itself; but should we cut down and tie the external carotid, we know that the anastomoses of the arteries of the face are so intimate with those of the opposite side, as also with the internal carotid by means of the nasal and other branches of the ophthalmic, that we should not thus be able to check the current; nay, further, should we even ligate the common carotid, we might still have the supply kept up by the circuitous but constant route of the profunda cervicis from the subclavian with the princeps cervicis from the occipital, a branch of the external carotid, a circulation being thus quickly established and our object defeated, after all the dangers of such an operation. This method, therefore, will not be adopted; but we will take the surer plan: that of excision. This, truly, will be a formidable operation, when we consider how vascular are

these parts even in the normal condition, and the close proximity of such large arterial trunks as you will see by this dried preparation; and I doubt not, ere the excision be completed, we shall be down upon the carotids themselves, yet with proper care, and due attention to the prompt ligation of all severed vessels, I think we shall be able to remove it without sufficient loss of blood to endanger the child's life.

We shall not, however, endeavor to remove this mass entirely by the knife, but shall first cut away all the surrounding structures, and then throw a strong ligature around its base, thus strangulating the remaining portion, and ridding ourselves of the greatest source of alarming hemorrhage, *i. e.*, the last few incisions which would cut the great vessels supplying it.

When the tumor is small, as in the first case before us, *strangulation* is the preferable method, either by encircling the mass as a whole, or, as the skin is somewhat liable to take an erysipelatous inflammation, by first circumscribing it with an incision of the skin, and then directing the ligature into this cut surface. Another method is to pass a double ligature through its base, and tie it in two portions. The second method is best, in my estimation.

Another mode of cure in these small growths is by the action of pressure, either by means of a compress, or by the use of collodion; but this procedure is only applicable to certain situations. Needles heated to whiteness have also been passed through the base of these tumors, and have sometimes been followed by cure.

Electrolysis has also been of service in some cases of naevus, but it is limited in its application, and is so slow in its action that patients usually prefer the more rapid method of excision or ligature. The great difficulty to be encountered in the cure arises from the fact that occlusion of a veinule or other radicle seems to have but little influence upon its neighbors, thus necessitating repeated operations until the electrolytic action has directly influenced almost each individual vessel. Moreover, since electrolysis cauterizes the tissues, as well as coagulates the blood, it is evident that a slough must ensue, provided the superficial portion of the skin be much affected, and if such an occurrence must take place, with its consequent cicatrix, it is preferable to have it occasioned by the more speedy action of a ligature. The slough of galvano-puncture is, however, perfectly devoid of hemorrhage, since it is tardy in its separation, and is remarkable for its extreme dryness.

These objections to its use, however, only apply to naevi which are superficial, or when the skin is implicated. In subcutaneous naevi, the operation possesses the advantages of being more safe and

certain than injection, and in cases where no slough is necessitated, we dispense with the scar of an excision or ligation, that is, provided insulated needles are employed.

A Bunsen or other battery may be used, the number of needles varying with the size of the tumor; but in all cases care should be taken not to carry the action beyond the whitish hue, indicative of cauterization.

In regard to the introduction of gas into the circulation by this method, I do not think there is the slightest danger in cases of naevus, though spoken of by Rutherford and other able writers on electrotherapeutics.

In cases of huge naevi, or vascular tumors like the one before us, this course might be pursued with advantage, especially when excision is hazardous, but I think we shall be able to accomplish our object in perfect safety with the knife and ligature, saving much time and trouble by such a course.

Another mode of removal of naevi is by the use of caustics, such as chlor. zinc, corrosive sublimate, Vienna paste, or the strong acids, and a cure is usually affected by the separation of a slough and healing of the ulcer.

The seton is sometimes used, and its presence occasionally causes sufficient inflammation to obliterate the vessels and leave behind no perceptible scar.

Hypodermic injections were at one time quite in vogue, but owing to several deaths which have occurred from the carrying of clots into the circulation, have fallen into disuse. The substances used were iron, nitric acid, iodine or creasote.

A method practiced by some English surgeons is that of "piece-meal" removal; *i. e.*, picking out the mass, or tearing it away fragment by fragment, the object being to prevent hemorrhage, upon the same principle as torsion of arteries.

From all these operations, then, we must select the one most suitable to the case upon which we are to perform it, and each will be found applicable to certain localities or conditions; as a rule, however, I prefer the use of the knife to circumscribe the tumor, then to be followed by the ligature.

In regard to the time of operation upon an infant, I will only say that we should always remember that a naevus may spontaneously disappear, or atrophy a few weeks after birth, or it may ulcerate and thus destroy all the unhealthy tissue; still this event is so rare that we need not wait long for its occurrence. The age of the child will not make any great difference. Its condition will, however, vastly influence the result; *i. e.*, a child who is teething, or has just recovered from measles, cholera-infantum, etc., will be much less likely to bear an operation well, than one who had fully recovered from such a difficulty. Put your patient

in a good, sound health, and then operate, no matter what may be its age.

[Two incisions each two inches in length, and crossing at right angles, were then made through the integument, and the four flaps dissected off the tumor. The knife was then carried through healthy tissue, completely about the mass, each artery being compressed or picked up, as it was divided, so that comparatively little blood was lost. As the deep portions were reached it became necessary to cease the incisions on account of the size of the arteries, and a strong ligature was then thrown around the base, tightly strangulating the remainder. The wound was dressed with carbolic acid oil; stimulants and anodyne were freely given, and the infant soon rallied. On the 5th day the slough separated, and the flaps, which had before been left loose, were laid in place and secured by hare-lip pins and the interrupted suture. The cure has been most satisfactory.

DE F. W.]

Deformity of the Mouth—Dieffenbach's Operation.

The next case which I have to show you is Robert C., *æt.* 11 years; suffering from a deformity of the mouth, resulting from the contraction of the cicatrix of a slough, which slough was one of the many concomitants of scarlatina, a disease which, as you know, may be followed by lesion of almost any structure or portion of the body.

You will perceive the left angle of the mouth is drawn downward and pulled in, or puckered in such a manner as to give an unpleasant appearance to his face, and he desires us to rectify this condition. This is not a common condition, yet it is sometimes met with from wounds, bruises, etc., and we must study the complications which exist in each case, governing our operation by the extent and character of the contraction.

In looking at a case of this kind you must bring to bear upon it all your artistic as well as surgical skill; you must look at and view it in different positions, until you have decided what alterations are necessary to bring this deformed mouth into a normal condition, with the labial curves and commissures in their usual beautiful symmetry; and, in order to do this, map out in your mind, or, still better, in ink upon the face, the proper outlines of a perfect mouth; then you can arrange your incisions to suit the particular deformity.

In the present instance the contraction is not so great as is often seen, where the orifice is sometimes so small as scarcely to admit of the passage of the little finger, and it is, therefore, comparatively an easy case.

For the relief of this difficulty, our first thought would be to merely incise the commissures to the required extent; but unfortunately such a procedure would only be followed by speedy union and greater consequent contraction than before, since it is impossible to prevent union of the fresh surfaces, even though tents, lead, etc., be placed between the edges.

Mechanical dilatation gives severe pain and does not produce any permanent good.

The only method which has proved of service has been that of Dieffenbach, of Berlin, which is performed by the surgeon first introducing the fingers of one hand into the mouth of the patient, in order to guide and direct the incisions and make the cheek tense, during which time he should stand either behind or in front of his patient, according to the side of the mouth upon which he is to operate, and then inserting the blade of a pair of scissors into the cheek about two lines outside the point which he intends shall be the labial commissure, he cuts inward and upward, dividing all the tissues save the mucous membrane, until he has reached a point in the upper lip which will, when brought down, fulfill the required conditions. Again, a similar incision is made from the same starting point, but this time, toward the lower lip which, in turn, is divided nearly to the same extent as above; the cuts in each instance being varied to suit the irregularities in the position of the contracted orifice. Next dissect away the flesh down to the sub-mucous coat, thus leaving but the mucous membrane, which must in its turn be divided by a straight line running out its centre, to a point two lines inside the angle of external incision.

The mucous membrane is now turned over to imitate the normal lip, above and below on each side, and, its edges sutured to those of the skin, thus forming the vermillion border of a new lip.

This operation usually answers admirably, but sometimes unfortunately, the mucous membrane also participates in the lesion, and the operation cannot be successfully performed; or again, certain accidents may come between the surgeon and success, and cases will be found where this operation will not cure.

In such cases I am in the habit of modifying, or rather of adding to, or associating a mechanical appliance with these surgical means.

This consists of what might be called a "mouth stretcher," an instrument made of wood or rubber, with a deep groove around its border, which is slipped between the lips after time has been given for union of the reflected mucous membrane. The lips will be caught and held by the gutter of the apparatus, in the whole of their circumferences, and thus not only is the healing influenced to a desired shape, but undue cicatricial contraction is also prevented. This instrument should be worn constantly for a week or two, after which time its use should be continued at night until all contraction has ceased. This apparatus also does more than merely prevent contraction; it may even remedy defects which are the fault of the operator, by compelling the regular healing of the wound, and such mistakes and blun-

ders you will make unless you carefully weigh each cut, and look at it in various aspects—you must bring all your mechanico-surgico skill into use.

[The incisions were then made as described, the tissues being removed down to the mucous membrane, which was brought over and firmly stitched to the integument. At each step of the operation the case was viewed both from a near and distant standpoint, thus rendering the final adjustment a more perfect success. The hemorrhage was but slight, and soon ceased. Cold water dressings were applied, and the boy directed not to exert any strain upon his mouth until union should be well accomplished.—DE. F. W.]

PHILADELPHIA HOSPITAL.

Wednesday, September 28.

Surgical service of F. F. MAURY, M. D.,

One of the Surgeons to the Philadelphia Hospital—
Lecturer on Cutaneous and Venereal Diseases
in the Jefferson Medical College, etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Supra-Clavicular Sinus.

GENTLEMEN:—This patient is by occupation a peddler, and the nature of his business is the cause of his distress. The strap from his pack crossing his shoulder first caused an inflammation, and then an enlargement. Added to this, the man was broken down. There is nothing specific in what you see before you. At the time of his admission a fistulous opening communicated with the interior of this sack, and facing an opening at a point opposite, I passed through an oakum seaton. But I find this has not answered my expectations, and now I am going to do what I lay down to you as a surgical principle. I do not hesitate to convert a sinus into an open wound, after your attempts at its granulation with seaton, stimulant injection, etc., have failed. This applies to fistules and all openings when the presence of a pyogenic membrane presents agglutination. In this sinus I introduced my grooved director, which serves as a guide for the sharp-pointed bistoury with which I make my incision. A practical point here is the prevention of the point of the knife slipping from the groove of the director and making a larger cut than is necessary. To prevent this I do the cutting with the blade of the knife, making an acute angle with the grooved director, but just before permitting the incision I bring my knife to a perpendicular.

For an after-dressing this man will require a simple emollient poultice. I shall also put him upon tonic treatment, and show him to you at the next clinic, I hope much improved.

Phymosis.

Case 2 illustrates the danger of long foreskins, and the importance of short ones in men who indulge in promiscuous sexual intercourse. This man had a ring of soft chancres around his foreskin, which so agglutinated it that to retract it over

the head of his penis he now finds impossible. The condition which you here witness is denominated phymosis, and its opposite, viz.: that condition in which the foreskin is constricted posterior to the glans penis, is called paraphymosis. Upon this man I am now going to perform the operation of circumcision, or cutting off the end of the prepuce, for two reasons, first, to secure proper cleansing and medication of the parts, and second, to lessen the probability of a recurrence of his present condition. Two forms of operation are here admissible. In the first place, I can slip a grooved director between the foreskin and the dorsal surface of the head of the penis, and with my knife slit the parts back. This allows the prepuce to retract, and the operation is completed by tacking, on either side of the slit, the skin and mucous membrane together. There is danger in this operation of introducing the grooved director into the urethra and slitting up the head of the penis. Sir Astley Cooper did this twice, as his work testifies. The way to avoid such an occurrence is to sweep round your grooved director after introducing it into the preputial opening, to see that its point is not confined. The second operation, and the one that I shall perform upon this patient, is as follows: First, I take the foreskin and making firm traction upon it, so as to elongate it as much as possible, grasp it obliquely in front of the glans with a pair of firm and rectangular-bladed forceps. The handles should lock. This an assistant holds. The obliquity of the seizure is from above downward, and from behind forward, so that the frenum shall not be cut. Then with my knife or scissors I shave off the foreskin, anterior to, and close to the forceps. This allows the skin portion of the prepuce to retract, while its mucus or under portion still remains phymosed and does not retract. This I slit back, using blunt-pointed scissors for the purpose, in a similar manner to that pursued in the form of operation first described. On turning back this mucous flap, it is astonishing to see what perfect apposition we obtain. The operation is completed by tacking together the edges of the flap by enough sutures to render apposition perfect. I prefer silk to wire for sutures here. The threads will remain from 48 to 60 hours, according to individual cases, amount of urine, tendency to hemorrhage, etc. This man will probably suffer from chordee, the best prevention of which is repose on a hard mattress and anodyne and cold water applications. I haven't much faith in the so-called antaphrodisiacs.

Impetigo.

This woman was a former occupant of the venereal wards. It is unnecessary to go into her previous history as she unquestionably suffers from tertiary syphilis. She presents on the back irregular marks or patches, here and there covered by irreg-

ular scabs. A superficial ulcer is here and there interspersed. There is a healing ulcer on her right ankle. This is a crustaceous eruption, or a form of pustular syphilis denominated *impetigo*, and resembling *ecthyma* or *rupia*. Anything with a scab like this before you, class under the head of pustular, and not bulbous eruptions. This affection was undoubtedly at first eczematous in character; but as the patient became broken down, and the poison meandered through her system, the pustular element prevailed.

Treatment.—Whenever you have to treat a scab eruption, get rid of the scab by an emollient poultice or other soft, soothing application. Starch, slippery elm; and flaxseed poultices all will answer. After the scab is gotten rid of, place upon the resulting ulcer a stimulating ointment. This is the very nut-

kernel of treatment. The grade of inflammation here is not high; but sub-acute and low. If the ulcer is very deep, a mercurial plaster cut in bits the size of a dollar and renewed thrice daily, constitutes a good application. The citrine ointment, more or less diluted, is also beneficial. This woman is only 32 years of age, but her disease makes her look 40. She is emaciated, cachectic, broken-down. No student here would give this, or any other patient in similar condition mercury. She wants now, milk punch, beef tea, and cod-liver oil.

Treat the condition and not the syphilis. Give her warm under-clothing and proper baths. As she improves and regains tone, potassium, in 6, 8 or 10 gr. doses, thrice daily, will be admissible.

(An operation, without extended remarks, for external piles, concluded this clinic.) R. M. T.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Relief of Pain after Surgical Operations.

M. SEDILLOT has recently communicated to the French Academy his views in regard to the use of electricity in surgery, which are translated in the *Bowdoin Scientific Review*. After calling attention to the fact that surgical operations are now usually conducted while the patient is in a state of absolute unconsciousness induced by ether or chloroform, he remarks that, upon the termination of the anesthesia, the patient wakes to suffer severe pain. Opiates, refrigerants and chloral have been tried to wholly remove the pain, but without success. The alleviation is slight.

M. Sedillot states that the cauteries, both potential and actual, and the electric cautery, render cut surfaces insensible and free from accidents. But certain causes have interfered with their extensive adoption for the relief of pain in surgery. The hot iron answers far better than the potential cautery, but it cools very rapidly and must be often reheated. Its action is very superficial. Nelaton has employed the flame of illuminating gas, another has suggested the use of the jet produced by the ignition of hydrogen and oxygen.

Far better than any of these must be ranked the electric cautery on account of its intensity and the ease with which it can be managed. Professor Milden-dorpf, of Breslau, in 1854 published a descrip-

tion of a serviceable apparatus for electric-cauterization, but he states that in order to produce the best effects with the apparatus, it is necessary to produce merely a dull red heat of the wires. This, to be sure, is a heat sufficient to prevent any loss of blood, but is not enough to cause absolute dryness of the cut surface. Sedillot advises the use of a white heat in the electric cautery, as he secures by this means all the advantages claimed for the other degree of heat, together with additional advantages now to be mentioned. The remarks made upon the painlessness of severe burns must be given in the words of the author (translated):

"Burns of the third degree cause little pain. We have seen persons fatally burned who retained for some days their appetite, ability to sleep and even a hope of recovery. A workman who had thrust his foot into a stream of melted metal and drawn it out completely charred, did not suffer pain. A young girl whose garments had taken fire ran, frightened and in flames, down four flights of stairs and was completely scorched from head to foot. Yet in the short time during which she lived after the accident she suffered scarcely any pain. After her death the skin was dry, tense and without any pliability, giving to the body the appearance of a brazen statue. This painlessness, which is a matter of general observation, is to be explained by the destruction of the nerves. The heat from the electric cautery in like manner renders wounds insensible, and it is easy to understand that patients treated by this method, while under the influence of chloro-

form (which we do not always employ) should complain of no pain upon their waking. A little later, say from the third to the ninth day, an inflammatory reaction commences, usually very slight indeed, and of very short duration. Wounds covered by eschars are less exposed to contagions and infections of a miasmatic, putrid or purulent character than wounds produced by cutting instruments. On account of this fact the first possess a great superiority over the second. Liquids cannot be extravasated nor altered, and the repair goes on rapidly in these subcutaneous wounds."

The apparatus used by Sedillot is very simple, consisting of wires, or plates of platinum introduced within the circuit of a galvanic battery. These, as is well known, become intensely heated, and the degree of heat is perfectly within control.

In Sedillot's clinic many operations have been recently performed by this method. Among these may be mentioned the removal of dermo-fibroid tumors, canceroid and cancerous growths, and direct destruction of a fibro-epidermic tumor of the nose. In no case has any accident followed the use of this cauterizing plate or wire. Sedillot gives the following as his conclusions: *a.* The electric cautery (electro-thermic) prevents pain after the operations *b.* prevents loss of blood; *c.* prevents retention and alteration of fluids; *d.* prevents infectious, putrid and purulent complications; *e.* presents the most favorable conditions of sub-cutaneous wounds; *g.* is absolutely under perfect control, so that tissues may be changed to eschars, or carbonized, or even volatilized, as occasion may require; *h.* clinical experiments place electro-thermic among the most remarkable improvements of modern surgery.

Snuff-Taking; Its Utility in Preventing Consumption.

John C. Murray, M. D., stated at the last meeting of the British Medical Association, that the proposition that an habitual snuffer seldom or never died from consumption was consonant with the experience of himself and others. He further declared that six cases of recovery from phthisis consequent upon free snuff-taking had come under his own notice; and concluded that snuff-taking is in some degree preventive of consumption and its frequent concomitant bronchitis, in virtue, perhaps, of its derivative and quasi counter-irritant action. The way to cure a cold, according to Dr. Murray, was to have recourse to snuff-taking at once.

Dr. Macgregor said, that whatever influence snuff might have as a prophylactic of phthisis, it was rather too much to expect that, if tubercle were once deposited in the lungs, any amount of snuff would displace it, or in any way cure it. There was no

doubt that snuff might prove a disinfectant to many smells and noxious gases taken by the nose and mouth, and in that way act as a preventive of fever and infectious disease; but how it could act as a preventive of phthisis—of a disease which might be inherited and be in the blood of the person, born with him, in fact, and part of his nature—he could not understand. He believed that to the regular snuff-taker, instead of producing irritation of the mucous membrane, snuff had a soothing effect; so that he could not see how the discharges were increased by it. At first, it proved an irritant, and the discharge might be accelerated; but, even admitting that, instead of being taken into the lungs in any way, it was always taken into the stomach. There was no doubt that the decided snuff-taker swallowed a great deal; it had been found in the stomach in *post mortem* examinations.

On the Air in Workshops.

The *Bowdoin Scientific Review* contains an article from Dr. SIGERSON, in which he says of the air of iron works:

Although a quantity of this iron, carbon and ash must daily pass in and out of the lungs, and besides, although a certain percentage must remain in them (as shown by Pouchet's dissections and Prof. Tyndal's experiments), it is difficult to find a healthier body of men than those who work in such factories. Dr. Sigerson observed one exception, a young man whose lungs were weak, and who had suffered from blood spitting, with cough, contracted in an American foundry, where the heat was excessive. He inquired whether the atmosphere heavy with dust did not affect him injuriously. The artisan replied in the negative; he said that he found himself well in it, his cough came on at home on rising and lying down. These facts seem to indicate that the carbon poured into the air of cities from gas-lights and fires may not have so injurious an effect as sometimes fancied.

In the air of a shirt factory, fine threads and fragments of cotton and linen were found, with a few ova which were translucent. In this factory the girls had become snuff-takers.

In the air of an oatmeal mill, fibres were seen present in unexpected numbers, together with minute fragments of the hull and a few starch granules. Some spores and acari were detected. Near a threshing mill some smut balls were found in the air.

The air of flax mills was found to be especially deleterious. Fine particles of the flax, together with pointed particles of the hard bristly wood tissue, so that direct injury was done to the

lungs by these, and concretions formed by the filaments. The mill people were great sufferers.

The air of printing offices contains minute particles of metal, particularly antimony. Dust taken from a rafter eleven feet above the floor of a printing office was analyzed by Professor SULLIVAN, and found to contain antimony but no lead.

The air of a hair-dressing room contained scales and minute hairs. In rooms where the machine brush is used the amount is increased.

The air of the dissecting room contained fragments and fibres with the mark of the dissecting knife upon them! They were fibrils of muscles, yellow and white fibrous tissue, some cells, scales and corpuscles. The air of stables was found to contain moth scales, a few spores, hairs and fragments tinged blood-red.

Tobacco smoke, examined by the microscope, was seen to hold little globules of nicotine twirling and flitting about in it. The statement is made by Dr. S. that "some remained on the walls of the mouth; when the smoke is breathed (by novices) more globules are retained in the lungs, and nausea and illness supervene. These globules, if found in the air distributed by a tobacco smoker, might be taken for germs."

The air of the rooms of "tea-tasters" was examined, but no report is given. An interesting observation, however, in regard to the avocation of the tea taster will be quite new to our readers. The tea-taster has to take a sip with a quick inhalation, and thus a small shower of fine tea-drops enters the lungs. On examination of such tea-drops, a considerable quantity of tissue from the leaves was found, which might aid to tease the lungs. But the real agents of mischief were numerous little drops of essential oil, very plentiful in Assam tea, which was particularly severe on the tea-tasters. Nausea, derangements (or as Dr. S. says, dis-arrangements) of the nerves and sometimes syncope afflicted them.

Cause of Gonorrhœa.

Prof. W. A. HAMMOND, of New York, in his "Lectures on Venereal Diseases," asserts his belief, which he supports by cases, that gonorrhœa may be introduced either by the virus of hard chancre, or by the virus of soft chancre, when the chancreous matter has been deposited for a certain length of time upon the mucous surface, without any abrasion being present, or without any chancre following. Vaginitis and urethritis may be induced by other causes, but true gonorrhœa owes its origin to the contagion of chancreous pus alone. He also believes that the gonorrhœa induced by the matter of a hard chancre will be followed by and may impart constitutional syphilis, just as if a chancre had been present. Dr. Hammond's opinions in this respect coincide with those of Hunter. The experi-

ment of Ricord appeared to have finally decided the question that gonorrhœa was incapable of producing syphilis, and that they were totally different disorders. But the conclusions arrived at by Dr. Hammond are:

"1st. That the virus of an infecting chancre, when deposited on a secreting mucous surface upon which there is no solution of continuity, may give rise to gonorrhœa unattended by chancre, but which is syphilitic in its character, and capable of producing constitutional disease.

"2nd. The matter of such a gonorrhœa is capable of causing an infecting chancre, either by natural or artificial inoculation, which chancre is followed by constitutional syphilis."

Similar propositions are made about soft sores.

Reviews and Book Notices.

NOTES ON BOOKS.

Transactions of the Medical Society of the State of Pennsylvania, at its Twenty-first Annual Session, held in Philadelphia, June, 1870. Published by the Society: Philadelphia: 1870. 1 vol., 8 vol., pp. 216.

Besides the minutes and the addresses, most of which have already appeared in these pages, this volume contains the reports of special committees and of county societies. Appended to the former are two articles of scientific interest, one by Dr. WILLIAM H. GOBRECHT, of the antidotal effect of chloroform on strychnia, and a description, accompanied by a plate, of a compound craniotomy instrument by Dr. R. L. SIBBET.

Dr. JOHN L. ATLEE corroborates the statement of Prof. Gobrecht by another striking example, rightly considering that if chloroform is an antidote to a poison, so commonly used as strychnia, the fact should be universally known.

The reports of the county societies, we regret to say, are even more meagre than ordinary, both in subject and treatment. They altogether occupy but eighty-two pages, including biographies, etc. The material of scientific interest they contain is extremely limited, and reflects little credit on the profession in the State. This is a natural consequence of allowing politics and partisanship to occupy too much attention at the annual meetings.

Of the county reports which offer an exception to this rule, we mention as more conspicuous, those from Columbia and Montour, Delaware, Fayette, Mercer, and Schuylkill. We would be glad to extend the list, but whoever will examine the volume will see that it is difficult to do so.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 15, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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In most hospitals in this country the services of the medical staff are rendered gratuitously, or nearly so. This is not done out of charity, or humanity, as unsophisticated laymen sometimes suppose, but because such a position offers a physician or surgeon an excellent opportunity to acquire a perfect professional knowledge, and also acts as an allowable sort of advertisement, bringing him more or less prominently before the public in his professional capacity, inspiring confidence, extending his acquaintance, and giving the impression that he has been chosen for this post through his unusual skill.

All this is as it should be, and is a proper reward for gratuitous labor, and in turn we should, as honorable men, see that the public are not deceived in this matter, and that the suppositions they base on such a fact are not incorrect. There is only one way in which this duty to the public can be performed, that is, by requiring an open and impartial examination to be the test and the only test of qualification for such positions. No one can be opposed to this except those who wish such positions, and feel that they can never attain them if this is the only avenue.

In all our great cities there is an amount of toadyism, wire-pulling, and nepotism displayed in filling such positions, as is disgraceful to our profession, and utterly discouraging to many high-spirited, able, young practitioners.

The editor of the Cincinnati *Medical Reporter* has been urging these arguments with considerable force. He says in a recent issue:

Since we made the suggestion that positions upon the staff of the Cincinnati Hospital should be competed for by public concours, it has met with the hearty approval of the profession of the city. When it is the object, as it is professed to be, to fill the staff with the best men, every one perceives that the only method to test a candidate's actual and comparative merits is by competitive examination. Without such a plan, an individual's own testimony, or that of his friends, must be taken as to his superior qualifications, which, in either case, would be regarded by a sensible person as a very absurd mode.

Not only ought situations in hospitals, but professorships in medical colleges should be filled in a precisely similar manner. We have urged this important subject for years, and we are glad to see other journals at last taking up and defending this view. It is the only one consonant with the institutions of our country, whose spirit ever is to make merit the only qualification for posts of trust and honor.

Notes and Comments.

The Cholera.

It is reported that the cholera has appeared at Tishni-Novgorod, Russia, and is spreading rapidly. In St. Petersburg there were 260 cases, Sept. 25th, in the hospitals.

The Phenophthalmotrope.

This name has been given to a machine invented by Dr. Donders, of Utrecht, for elucidating the movements of the eye-ball. By means of it the mathematical analysis made by Prof. Helmholtz of the ocular movements may be practically demonstrated.

Vermont Medical Society.

The fifty-seventh annual session of this society will be held at Montpelier on Wednesday and Thursday, October 19th and 20th. The president's address will be delivered on the evening of Wednesday. Reports of cases in practice, of the committee on epidemics, and papers on various medical subjects, will be presented during the session. By general arrangement, the railroads of the State carry all persons going to the meeting for fare one way.

Correspondence.

DOMESTIC.

The Albany Medical College.

EDS. MED. AND SURG. REPORTER:

In your issue of Sept. 24th, an article appears headed: "*Mistaken Liberty*." You state that "through the kindness of medical friends" you had received "two copies of the *Albany Argus*, containing the following information, headed: *Liberality of the Albany Medical School*. "The Hon. Ira Norris delivered the opening address at the College yesterday morning. The address was able and interesting, and we were pleased to see many homœopathic physicians in attendance. Mr. Norris is a firm believer in and patron of homœopathy, and fills a chair in the College. It is indeed gratifying to know that the barriers which have hitherto divided the two schools of medicine, are being removed, and to see that our College is taking the initiatory step towards such an achievement. We believe this is the only allopathic medical institution in this country that possesses views sufficiently liberal to allow any of the chairs to be filled by men who firmly and practically believe in the homœopathic doctrine. It is also pleasant to know that several of the trustees of the College are firm believers in homœopathy."

Your "medical friends" who so kindly sent you

two copies of the *Albany Argus* are no friends of the Albany Medical College, and the article in the *Argus* was written for the purpose of injuring the College, and not for the sake of promoting the advancement of homœopathy. The same friendly people have been equally attentive to other medical periodicals, and their editors seem to be as ready to second them in obtaining the accomplishment of their object, as the editors of THE REPORTER. It is to be regretted that the conductors of medical journals should be so ready to receive from anonymous and irresponsible correspondents what may prove injurious to individuals and institutions. Within the last year several base attempts of that kind have been made to injure the Albany Medical College, but thus far without success.

It is true that the Hon. Ira Harris delivered the opening address, and that it was able and interesting (as might be expected from that distinguished gentleman), and drew together a large audience. Among them, I am informed, were two or three homœopathic physicians.

Judge Harris is President of the Board of Trustees of the Medical Department of the Albany University, and one of the Professors in the Law Department, and has consented to deliver a few lectures on medical jurisprudence, the present session, to the law and medical students. He holds no chair in the medical school as one of its professors. What his views on the subject of homœopathy are, I do not know, for I have never conversed with him on that subject. The original trustees were appointed by the Legislature that incorporated that College, and whether they are favorable to homœopathy, hydropathy, or any other pathy, is no affair of the Faculty of the College, as long as they do not interfere with them. The nomination of Professors is left to the Faculty, and everything relating to teaching and conferring of degrees, the trustees only certifying that the candidates have complied with the statutes and charter of the College.

There is no more "fraternization" at the Albany Medical College with homœopathy, or any other irregular sect in medicine, than in the University of Pennsylvania; and all requirements mentioned in its circulars are as rigidly enforced as in any Medical College in the United States.

The Albany College would wish not only to retain the good opinion of the respectable part of the profession, but to deserve it—also, to be well spoken of by the medical press.

It may not be pleasant news to your "medical friends"—but it is very pleasant to myself to find that the Albany Medical College has not been for several years more prosperous than at the present time, and that so far as the newly appointed Professors or Lecturers have had a chance to lecture, the students are highly gratified by their efforts.

I trust your sense of justice will insure you to insert this communication in your journal to counteract the injustice your editorial remarks, in a former number, are calculated, I presume unintentionally, to do to an institution over which I have the honor to preside.

Yours respectfully,

JAMES MCNAUGHTON, M. D., President.

Albany, Sept. 30, 1870.

[We very cheerfully insert Dr. McNaughton's letter, and are sincerely glad to have such a complete refutation of what appears to have been a slander. We would have been still more gratified if we had learned that steps had been taken to secure only such lecturers on medical matters in the college as do not sympathize with homeopathic views, which was not done in the case of Mr. Harris, as appears by the above letter. If he is a "firm believer" in homeopathy, he is not, in our opinion, a suitable person to lecture on forensic medicine in a regular college. We were led to suppose—and we should like to know whether correctly or not—that in his address Mr. Harris spoke in favor of fraternization. —EDS.]

Originality in the Use of Ergot in Ante-Partum Hemorrhage.

EDS. MED. & SURG. REPORTER:—

I answer to Dr. RODEFER's labored effort (MED. & SURG. REPORTER, Aug. 20th), to show an intelligent profession that I was laying an unjust claim to originality in the use of the ergot in hemorrhage before the delivery of the child, etc. I only said that no obstetrical writer, so far as I know, had made use of the drug in such cases; and it was an oversight on my part that Dubois, one living writer, has so recommended it. I think Cazeaux talks about it in such a way that shows that he does not think much of the plan. My claim was not intended for Europe; but I did think that among my own countrymen I was certainly one of the first who had brought this subject before the profession.

Claremont, Ill.

O. A. BATTSON, M. D.

NEWS AND MISCELLANY.

—The late Dr. Von Graefe, the celebrated Prussian oculist, shortly before his death made a donation of fifty thousand dollars to the poor of his native place.

—Dr. W. H. Jones, a prominent physician residing in Cleveland, Ohio, was shot and instantly killed on Saturday by Dr. Gallentine. Gallentine immediately surrendered himself to the police, and is now under arrest awaiting examination.

—Dr. S. W. Thayer, of Burlington, Vt., Professor of Anatomy in the University of Vt., it is said, will be absent in the employ of the Northern Pacific Railroad until March next. He is now organizing a medical department of the road to accompany the survey and construction parties.

QUERIES AND REPLIES.

MESSRS. EDITORS:—H. M. L., in the REPORTER of June 18th (among its queries,) notices a case of perforation of the bladder by a sound of a homeopath, while on an exploring expedition for stone. And asks: "Where can I find reported a parallel case?" I will furnish one.

"A Homeopath (to my knowledge,) labored faithfully for over two hours to get the forceps upon a breech, in a case of labor, supposing he was at work on the head. The result was that he did not succeed in applying the instrument, but did succeed in forcing their points into the nates, making two wounds about two inches in length, by half an inch deep. When questioned in reference to the presentation, he replied, that he mistook the soft and yielding buttocks for the cheeks, and the anus for the mouth of the youngster." J. B. D.

MARRIED.

APPLETON—RITTER.—At the Church of the Ascension, New York, Oct. 5, 1870, by the Rev. F. B. Van Kleeck and the Rev. John Cotton Smith, William G. Appleton and Kate, daughter of Washington Ritter, M. D.

DUNHAM—MCPIERSON.—September 15th, by the Rev. Robert Alexander, assisted by the Rev. J. Stevens, Dr. William H. Dunham and Miss Mary K., daughter of Dr. J. T. McPierson, both of Fairview, Ohio.

GERHART—WILSON.—On the 4th inst., by the Rev. Joseph E. Smith, Joseph M. Gerhart, M. D., of Bucks county, Pa., and Miss Clara E., youngest daughter of the late David G. Wilson, Esq., of this city.

HEMENWAY—REED.—In Bethany (Cong'l) Church, Montpelier, Vt., Sept. 21st, by Rev. Wm. H. Lord, D. D., Lewis H. Hemenway, M. D., of Manchester, and Miss Maria Reed, of Montpelier.

HUNT—TANDY.—At the residence of the bride's father, in St. Louis, on the 27th ult., by the Rev. Dr. Brooks, Mr. Claiborne B. Hunt, of Louisville, Ky., and Miss Virginia K., daughter of Dr. D. C. Tandy.

JANES—SPALDING.—In Haverhill, N. H., Sept. 16th, by Rev. F. H. Greeley, Henry D. Janes, of New York city, and Miss Ada L., daughter of Dr. Phineas Spalding, of Haverhill.

LEWIS—DUFF.—September 22nd, at the residence of the bride's father, by Rev. Samuel Laird, Dr. D. W. Lewis and Anna W. Duff, all of Pittsburg.

MECHESNEY—MCCHESNEY.—September 21st, by Rev. George K. Scott, assisted by Rev. A. Donaldson, D. D., at the residence of the bride's parents, A. C. M. Mechesney, M. D., of Union Grove, Wis., and Lizzie M., only daughter of R. McCheaney, M. D., of Sheloceta, Indiana county, Pa.

NEEDHAM—HENKING.—October 4th, at the residence of Charles Henking, Esq., by Rev. R. Breese, W. C. H. Needham, M. D., and Miss Florence A. Henking, all of Gallipolis, Ohio.

ZIGLER—ODENHEIMER.—On the 27th of September, by the Right Reverend William Bacon Stevens, D. D., George J. Zeigler, M. D., and Anna M. Odenheimer, both of this city.

DIED.

BURDICK.—In New York, October 1st, Catherine Ellsbeth, wife of S. P. Burdick, M. D., aged 27 years and 13 months.

HENDERSHOT.—July 3d, at her home in Otis, Marion county, Iowa, of congestive chills, Mrs. Eliza J., wife of Dr. John T. Hendershot, in the 28th year of her age.

MOSES.—In New York, October 4th, Dr. I. Moses, late surgeon of the United States Army.

He was a very skillful surgeon, one of his most successful procedures being the cure of fistula in ano without operation (by means of compressed sponge).

TERBELL.—In Corning, N. Y., September 21st, of disease of the heart, Celina N., wife of W. D. Terbell, M. D., aged 46 years.